



PTO/SB/31 (06-03)

Approved for use through 07/31/2003. OMB 0651-0034  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 20136-00318-US	
	In re Application of Cyprian E. Uzoh, et al.		
	Application Number 09/611,955-Conf. #6678	Filed July 6, 2000	
	For METHOD TO SELECTIVELY FILL RECESSES WITH CONDUCTIVE METAL		
	Art Unit 2811	Examiner Hung K. Vu	

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 320.00

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ \_\_\_\_\_

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 22-0185. I have enclosed a duplicate copy of this sheet.

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

I am the

applicant /inventor  
 assignee of record of the entire interest.  
 See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Signature

Burton A. Amernick  
Typed or printed name

attorney or agent of record.

Registration number \_\_\_\_\_

(202) 331-7111

Telephone number

attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 24,852

September 29, 2003

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input type="checkbox"/> *Total of 1 forms are submitted.
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PTO/SB/17 (05-03)

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 430.00)

Complete if Known

Application Number	09/611,955-Conf. #6678
Filing Date	July 6, 2000
First Named Inventor	Cyprian E. Uzoh
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	20136-00318-US

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Deposit it Account							
Deposit Account Number	22-0185			Large Entity	Small Entity		
Deposit Account Name	Connolly Bove Lodge & Hutz LLP			Fee Code	Fee (\$)	Fee Code	Fee (\$)
The Director is hereby authorized to: (check all that apply)							Fee Description
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit it any overpayments						Fee Paid
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity		Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	
1001	750	2001	375	Utility filing fee			
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1) (\$ 0.00)							
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims	-**	=	<input type="checkbox"/> X <input type="checkbox"/>	Fee from below	=	<input type="checkbox"/>	Fee Paid
Independent Claims	-**	=	<input type="checkbox"/> X <input type="checkbox"/>		=	<input type="checkbox"/>	
Multiple Dependent			<input type="checkbox"/>		=	<input type="checkbox"/>	
Large Entity Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$ 0.00)							
*Reduced by Basic Filing Fee Paid							
				SUBTOTAL (3) (\$ 430.00)			

\*\* or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

SUBMITTED BY	Complete (if applicable)		
Name (Print/Type)	Burton A. Amernick	Registration No. (Attorney/Agent)	24,852
Signature		Telephone	(202) 331-7111
		Date	September 29, 2003

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